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(54) OPHTHALMIC DRUG DELIVERY

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(58) Field of Classification Search

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(56) References Cited

U.S. PATENT DOCUMENTS

1,482,747 A	2/1924	Howe
1,988,637 A	1/1935	Tinkham
2,189,643 A	2/1940	Ward
2,200,008 A	5/1940	Nowak
2,249,608 A	7/1941	Greene
2,322,808 A	6/1943	Hothersall
2,552,857 A	5/1951	Knapp
2,595,317 A	5/1952	White
2,987,439 A	6/1961	Wittlinger
3,170,462 A	2/1965	Hall
3,187,757 A	6/1965	Jones et al.
3,237,809 A	3/1966	Daragan et al.
3,310,830 A	3/1967	Gattone
3,314,426 A	4/1967	Caroll
3,439,674 A	4/1969	Lelicoff
3,602,399 A	8/1971	Litman et al.
3,658,257 A	4/1972	Rood
3,709,235 A	1/1973	Washburn et al.
3,779,245 A	12/1973	Windsor
3,780,950 A	12/1973	Brennan
3,795,351 A	3/1974	Lehmann
3,812,854 A	5/1974	Michaels et al.
3,826,258 A	7/1974	Abraham
3,845,764 A	11/1974	Windsor
3,901,443 A	8/1975	Mitsui et al.
3,906,949 A	9/1975	Holland
3,913,575 A	10/1975	Windsor
3,934,585 A	1/1976	Maurice
4,002,168 A	1/1977	Petterson
4,012,798 A	3/1977	Liautaud
4,052,985 A	10/1977	Coleman et al.
, ,- -	(C	

(Continued)

FOREIGN PATENT DOCUMENTS

CA 2451835 1/2003 DE 196 16 300 A1 10/1997 (Continued)

OTHER PUBLICATIONS

Santvliet et al, Survey of Ophthamology, Mar.-Apr. 2004, vol. 49, pp. 197-211.*

(Continued)

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(57) ABSTRACT

The present invention includes and provides a method of delivering a medicament to an eye of a subject in need thereof a solution, the method comprising: (a) providing droplets containing the medicament with a specified average size and average initial ejecting velocity; and (b) delivering the medicament to the eye, where the droplets deliver a percentage of the ejected mass of the droplets to the eye.

38 Claims, No Drawings

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(56)		Referen	ces Cited	4,969,869 4,981,479		11/1990 1/1991	Burgin et al.
	U.S.	PATENT	DOCUMENTS	4,981,479		2/1991	Endo
				5,007,905		4/1991	
4,067,499 4,098,431		1/1978	Cohen Palmer et al.	5,019,037 5,029,579			Wang et al. Trammell
D249,709			Trovinger	5,030,214		7/1991	Spector
4,119,096	5 A	10/1978	Drews	5,032,111			Morris et al.
4,122,556		10/1978		5,037,012 5,040,706			Langford Davis et al.
4,131,115 4,173,226		12/1978 11/1979		5,047,009		9/1991	Morris et al.
4,175,704		11/1979		5,048,727			Vlasich
4,175,706			Gerstmann	5,053,000 5,054,477			Booth et al. Terada et al.
4,264,837 4,296,071			Gaboriaud Weiss et al.	5,064,420			Clarke et al.
4,319,155			Nakai et al.	5,066,276	A	11/1991	
4,323,530			Voss et al.	5,069,204 5,069,675			Smith et al. Menchel et al.
4,338,936 4,356,528		7/1982 10/1982		5,085,651		2/1992	
4,381,533		4/1983		5,098,375		3/1992	
4,388,343			Voss et al.	5,133,702 5,134,993		7/1992 8/1992	Py van der Linden et al.
4,390,542 4,398,909			Schachar Portnoff	5,139,496	A	8/1992	
4,465,234			Maehara et al.	5,145,113			Burwell et al.
4,471,890			Dougherty	5,152,435 5,152,456			Stand et al. Ross et al.
4,476,515 4,479,609		10/1984	Coffee Maeda et al.	5,163,929		11/1992	
4,493,119		1/1985	Baumann	5,164,740	A	11/1992	Ivri
4,543,096		9/1985		5,170,782 5,171,306		12/1992 12/1992	Kocinski Vo
4,544,570 4,564,016			Plunkett et al. Maurice et al.	5,176,856			Takahashi et al.
4,580,721			Coffee et al.	5,193,745	\mathbf{A}	3/1993	Holm
4,605,167			Maehara	5,201,726 5,203,506			Kirkham Gross et al.
4,605,398 4,627,845			Herrick DeMotte	5,226,538			Roselle
4,641,384	A		Landsberger et al.	5,252,318	A	10/1993	Joshi et al.
4,642,581			Erickson	5,259,385 5,261,601			Miller et al. Ross et al.
4,658,290 4,659,014			McKenna et al. Soth et al.	5,265,288		11/1993	
4,679,551			Anthony	5,267,986	A	12/1993	Py
4,685,906	i A	8/1987	Murphy	5,276,867 5,299,739			Kenley et al. Takahashi et al.
4,701,167 4,702,418		10/1987	Chekan Carter et al.	5,316,159			Douglas et al.
4,706,848			D'Andrade	5,318,014	A	6/1994	Carter
4,740,206			Allander	5,320,845 5,354,032		6/1994	Py Sims et al.
4,742,713 4,750,650		5/1988 6/1988	Abe et al.	5,364,405		11/1994	
4,750,902		6/1988	Wuchinich et al.	5,368,582		11/1994	
4,758,237		7/1988		5,401,259 5,405,614		3/1995 4/1995	Py D'Angelo et al.
4,758,727 4,759,755			Tomei et al. Hein et al.	5,431,663		7/1995	
4,779,768			St. Amand	5,435,282		7/1995	Haber et al.
4,784,652			Wikströom	5,435,465 5,462,586		7/1995	El-Amin Sugiyama et al.
4,790,479 4,792,334		12/1988	Matsumoto et al.	5,485,828		1/1996	
4,793,339		12/1988	Matsumoto et al.	5,496,411		3/1996	
4,796,807			Bendig et al.	5,499,751 D368,774		3/1996 4/1996	
4,798,599 4,809,914			Thomas Goncalves	5,515,841	A		Robertson et al.
4,815,661	. A	3/1989	Anthony	5,518,179			Humberstone et al.
4,826,025			Abiko et al. Takahashi et al.	5,529,055 D374,719		6/1996 10/1996	
4,850,534 4,863,073			Burt et al.	5,564,016	A	10/1996	Korenshtein
4,863,443	A	9/1989	Hornung	5,584,823		12/1996	
4,863,457 4,871,091		9/1989 10/1989		5,586,550 5,588,564			Ivri et al. Hutson et al.
4,877,989			Drews et al.	5,607,410	A	3/1997	Branch
4,880,146	5 A	11/1989	Hudgins	5,613,957 5,614,545		3/1997	Py Martin et al.
4,881,283 4,886,189			Liautaud Vanderjagt	5,630,793			Rowe 604/20
4,896,832		1/1990	Howlett	5,657,926		8/1997	
4,908,024	A	3/1990	Py	5,665,079		9/1997	
4,912,357			Drews et al. Asa et al.	5,685,869 5,687,874		11/1997	Py Omori et al.
4,917,274 4,927,062		4/1990 5/1990		5,707,636			Rodriguez et al.
4,927,115	Ā		Bahroos et al.	5,724,021	A	3/1998	Perrone
4,946,452	2 A	8/1990		5,730,723			Castellano et al.
4,952,212 4,961,885			Booth et al. Avrahami et al.	5,735,811 5,740,947			Brisken Flaig et al.
7,201,00.	, A	10/1220	z svranann et al.	5,170,571	2 h	コ/エフフひ	rime et ai.

US 9,087,145 B2 Page 3

(56)	Referen	nces Cited	6,651,650 6,659,364			Yamamoto et al. Humberstone et al.
U.S	S. PATENT	DOCUMENTS	6,669,961	B2	12/2003	Kim et al.
5.716.720	£/1000	D	6,676,034 6,679,436			Tanaka et al. Onishi et al.
5,746,728 A 5,758,637 A	5/1998 6/1998	Py Ivri et al.	6,684,681			Zombo
5,803,106 A		Cohen et al.	6,684,879			Coffee et al.
5,807,357 A	9/1998	2	6,719,770			Laufer et al. Litherland et al.
5,823,428 A		Humberstone et al. Newcombe et al.	6,732,944 6,736,904			Poniatowski et al.
5,838,350 A 5,843,109 A		Mehta et al.	6,740,107	B2	5/2004	Loeb et al.
5,855,322 A	1/1999	Py	6,748,944			Della Vecchia et al.
5,881,956 A		Cohen et al. Hahn et al.	6,761,286 6,789,741			Py et al. Varanasi et al.
5,893,515 A 5,894,841 A	4/1999		6,814,071	B2	11/2004	Klimowicz et al.
5,938,117 A	8/1999	Ivri	6,851,626			Patel et al.
D413,668 S		Mannberg et al.	6,854,662 6,863,224		2/2005 3/2005	Terada et al.
5,957,943 A 5,970,974 A		Vaitekunas Van Der Linden et al.	6,877,642			Maddox et al.
5,996,903 A	12/1999	Asai et al.	6,885,818			Goldstein
5,997,518 A		Laibovitz et al.	6,901,926 6,913,205			Yamamoto et al. Cornet et al.
6,008,468 A 6,011,062 A		Tanaka et al. Schneider et al 514/530	6,921,020		7/2005	
6,027,450 A		Brown	6,926,208		8/2005	
6,039,565 A		Chou et al.	6,946,117 6,964.647		9/2005	Schutt et al.
6,062,212 A 6,083,922 A		Davison et al. Montgomery	6,969,165		11/2005	
6,085,740 A		Ivri et al.	6,974,450			Weber et al.
6,135,427 A	10/2000		6,976,279 6,976,969			Berke et al. Messerly
6,152,383 A 6,159,188 A	11/2000	Chen Laibovitz et al.	6,978,945			Wong et al.
6,193,683 B1		Ludin et al.	7,017,573	B1	3/2006	Rasor et al.
6,203,759 B1		Pelc et al.	7,032,590 7,040,549			Loeffler et al. Ivri et al.
6,216,966 B1 6,221,038 B1		Prendergast et al. Brisken	7,040,349			Borland et al.
6,228,046 B1		Brisken	7,081,757	B2	7/2006	Unsworth et al.
6,235,024 B1	5/2001		7,083,112		8/2006	
6,254,579 B1		Cogger et al. Christ et al.	7,104,463 7,108,197		9/2006	Litherland et al. Ivri
6,254,587 B1 6,263,872 B1		Schuster et al.	7,121,275			Noolandi et al.
6,273,342 B1	8/2001	Terada et al.	D533,658			Collins, Jr. et al.
6,296,626 B1	10/2001 11/2001		7,153,315 7,161,269		12/2006 1/2007	Kayama et al.
6,318,361 B1 6,336,917 B1		Berke	7,168,633			Wang et al.
6,341,732 B1	1/2002	Martin et al.	D537,160		2/2007	
6,357,442 B1		Casper et al. Cewers	7,174,888 7,192,129			Ivri et al. Droege et al.
6,357,671 B1 6,367,685 B1		Jiang et al.	7,201,732	B2	4/2007	Anderson et al.
6,394,363 B1	5/2002	Arnott et al.	7,204,820			Akahoshi
6,398,737 B2		Moore et al.	7,229,028 7,234,460			Chen et al. Greenleaf et al.
6,398,766 B1 6,422,431 B2		Branch Pelc et al.	7,314,187	B2	1/2008	Hochrainer et al.
6,423,040 B1	7/2002	Benktzon et al.	7,316,067			Blakey
6,425,888 B1 6,427,682 B1		Embleton et al.	7,331,339 7,357,133			Smith et al. Goodchild
6,442,423 B1		Klimowicz et al. Domb et al.	7,472,701	B2		Pfichner et al.
6,443,146 B1	9/2002	Voges	D597,206			Collins, Jr. et al.
6,467,476 B1		Ivri et al.	7,574,787 7,678,089			Xu et al. Py et al.
6,524,287 B1 6,526,976 B1		Cogger Baran	7,712,466			Addington et al.
6,530,370 B1	3/2003	Heinonen	7,819,115			Sexton et al.
6,540,153 B1	4/2003		7,883,031 8,012,136			Collins, Jr. et al. Collins, Jr. et al.
6,540,154 B1 6,543,443 B1		Ivri et al. Klimowicz et al.	2001/0025190			Weber et al.
6,546,927 B2		Litherland et al.	2001/0049608			Hochman
6,550,472 B2		Litherland et al.	2001/0056258 2002/0016576		12/2001 2/2002	
6,554,201 B2 6,554,801 B1		Klimowicz et al. Steward et al.	2002/0039502			Matsumoto et al.
6,569,131 B1		Michael et al.	2002/0043262			Langford et al.
6,569,387 B1		Furner et al.	2002/0073989			Hadimioglu Py et al.
6,601,581 B1 6,610,033 B1		Babaev Melanson et al.	2002/0074362 2002/0107492			Brach et al.
6,612,302 B1	9/2003		2002/0121285			Poniatowski et al.
6,615,824 B2		Power	2002/0124843			Skiba et al.
6,619,562 B2		Hamaguchi et al.	2002/0161344			Peclat et al.
6,622,720 B2 6,629,646 B1	9/2003	Hadimioglu Ivri	2003/0032930 2003/0078551			Branch Hochrainer et al.
6,640,804 B2		Ivri et al.	2003/0114901			Loeb et al.
6,650,935 B1	11/2003	Watmough	2003/0144594	A1	7/2003	Gellman

(56)	Referen	nces Cited		GB	1 569 707	7/1980
U.S	. PATENT	DOCUMENTS		JP JP	8-52193 U3104861	2/1996 4/2004
0.0		DOCOMENTO		TW	1293898	7/1994
2003/0185892 A1	10/2003	Bell et al.		WO	WO 85/00761 A1	
2003/0192532 A1		Hopkins		WO WO	WO 91/12687 A1 WO 91/14468 A1	
2004/0010239 A1 2004/0039355 A1		Hochrainer et al. Gonzalez et al.		wo	WO 94/13305 A1	
2004/0039333 AT 2004/0045547 AT		Yamamoto et al.		WO	WO 94/23788 A1	
2004/0050953 A1		Terada et al.		WO	WO 95/26236	10/1995
2004/0082884 A1		Pal et al.		WO	WO 96/06581	3/1996
2004/0164099 A1		Diestelhorst et al.		WO WO	WO 97/05960 A1 WO 97/12687 A1	
2004/0176757 A1		Sinelnikov et al. Babaev		wo	WO 97/12087 AT	7/1997
2004/0186384 A1 2004/0204674 A1		Anderson et al.		WO	WO 98/19383 A1	
2004/0215157 A1		Peclat et al	504/294	WO	WO 99/17888 A1	
2004/0220537 A1	11/2004	Embleton et al.		WO	WO 00/18455 A1	
2004/0256487 A1		Collins, Jr. et al.		WO WO	WO 00/66277 A1 WO 01/03645 A2	
2005/0001981 A1 2005/0029307 A1		Anderson et al. Py et al.		wo	WO 01/03043 A2 WO 01/19437 A1	
2005/0077315 A1		Pavlu et al.		WO	WO 01/58236 A2	
2005/0077392 A1		Geser et al.		WO	WO 01/85245 A1	
2005/0089545 A1		Kuwano et al.		WO	WO 02/28545 A1	
2005/0195598 A1		Dancs et al.		WO WO	WO 02/055131 A2 02/062488 A1	
2005/0199236 A1 2005/0240162 A1		Fink et al. Chen et al.		wo	WO 02/062488 A1	
2005/0244339 A1		Jauernig et al.		WO	WO 02/072169 A2	
2005/0261641 A1		Warchol et al.		WO	WO 03/002045 A1	
2005/0263608 A1	12/2005			WO WO	WO 03/002265 A1	
2005/0275310 A1	12/2005			WO	WO 03/026556 A2 2004/028420 A1	
2005/0279350 A1 2006/0024374 A1		Rasor et al. Gasco et al.		wo	WO 2004/028420 A1	
2006/0024374 A1 2006/0057216 A1		Salamone et al.		WO	WO 2004/050065 A1	
2006/0174869 A1		Gumaste et al.		WO	WO 2004/103478 A1	
2006/0196518 A1	9/2006			WO WO	WO 2004/105864 A1	
2006/0201501 A1		Morrison et al.		WO	WO 2006/006963 A2 WO 2006/082588 A2	
2006/0209129 A1 2006/0213503 A1		Onozawa Borgschulte et al.		WO	WO 03/097139 A1	
2006/0258993 A1		Hochrainer et al.		WO	WO 2008/015394 A1	2/2008
2007/0023547 A1	2/2007	Borland et al.		WO	2009/148345 A2	
2007/0044792 A1	3/2007			WO WO	WO 2009/148345 A2 WO 2012/009702 A1	
2007/0113841 A1	5/2007			wo	WO 2012/009702 A1 WO 2012/009706 A1	
2007/0119968 A1 2007/0119969 A1		Collins, Jr. et al. Collins, Jr. et al.				
2007/0211212 A1		Bennwik			OTHER PU	JBLICATIONS
2008/0017189 A1		Ruckdeschel et al.		Drown	at al Jaumal af the Coai	ety of Cosmetic Chemists, 1965, vol.
2008/0097359 A1		Hochrainer et al.				ety of Cosmetic Chemists, 1903, vol.
2008/0142624 A1		Ivri et al.			369-393.*	n," 2009 Annual Report, 46 pages
2008/0164339 A1 2008/0233053 A1	7/2008	Gross et al.		(2009).		i, 2009 Annuai Report, 46 pages
2008/0299049 A1	12/2008					uture of Ophthalmology Treatments,"
2008/0303850 A1		Shin et al.			care Observer, 1(8):2-37	
2008/0308096 A1		Borgschulte et al.				Vibrating Mesh or Plate with Multiple
2009/0025713 A1		Keller et al.				ol," Respir Care, 47(12):1406-1418
2009/0114742 A1		Collins, Jr.		(2002).		, , , , , , , , , , , , , , , , , , , ,
2009/0149829 A1 2009/0192443 A1		Collins, Jr. Collins, Jr. et al.		. ,		nic atomization to produce an aerosol
2009/0192443 A1 2009/0212133 A1		Collins, Jr. et al.		of mic	eron-scale particles,"	Review of Scientific Instruments,
2010/0044460 A1		Sauzade			301-1-113301-10 (2005)	•
2010/0211408 A1	8/2010	Park et al.				e and Gold-Bromine Equilibria in
2010/0222752 A1		Collins, Jr.				Physical Chemistry, 68(4):847-850
2010/0283601 A1	11/2010	Tai et al.		(1964).		
FORE	CNIDATE	NITE DOCUMENTO				on utilizing sideways actuation of a
FORE	GN PALE	NT DOCUMENTS			•	ctuators A, 141:182-191 (2008).
DE 196	16300 A1	10/1997				operies, Behavior, and Measurement 1, 111-119, & 294-301 (1999).
	34 582 A1	1/2001				on® Model NE-U03V MicroAir®
EP 0 01	11 269 A1	5/1980			zer, 20 pages (No date).	
	50 571 A1	8/1985				ailed Dec. 12, 2011, in International
	24 352 A1	6/1987		Applica	ation No. PCT/US2011/	044291.
	89 665 A1 90 165 A1	10/1990 4/1994				ailed Dec. 13, 2011, in International
	23 246 A2	2/1996			ation No. PCT/US2011/	
EP 0.93	33 138 A2	8/1999				n®: Iatanoprost opthalmic solution,
	93 410 A2	1/2005			Manufacturing, Belgium "Improving Eye Dro	p Treatment for Glaucoma through
	93410 A2 71 341	1/2005 7/1961				and Vision Science, 85(6):374-375
	58866	7/1942		(2008).		200000, 00(0).07 1 370
_						

(56) References Cited

OTHER PUBLICATIONS

Ranade et al., "Chapter seven: Intranasal and ocular drug delivery," *Drug Delivery Systems: Second Edition*, CLC Press, 39 pages (2004). Rosen et al., "Printing High Viscosity Fluids Using Ultrasonic Droplet Generation," The George W. Woodruff School of Mechanical Engineering, Georgia Institute of Technology, pp. 239-253 (2008). Shidhaye et al., "Novel drug delivery devices," *Pharma Times*, 38(7):24-27 (2006).

Tamilvanan et al., "The potential of lipid emulsion for ocular delivery of lipophilic drugs," *European Journal of Pharmaceutics and Biopharmaceutics*, 58:357-368 (2004).

Xia et al., "A potential application of a piezoelectric atomiser for opthalmic drug delivery," *BOB*, 4(1):9-17 (2007).

Yee et al., "Trends in Glaucoma Treatment," EyeWorld Educational Symposium, San Francisco, 8 pages (2006).

Yuan et al., "MEMS-based piezoelectric array microjet," *Microelectronic Engineering*, 66:767-772 (2003).

* cited by examiner

OPHTHALMIC DRUG DELIVERY

RELATED APPLICATIONS

The present application claims the benefit of the filing date of U.S. Provisional Application No. 61/400,864, filed Jul. 15, 2010, U.S. Provisional Application No. 61/401.850, filed Aug. 20, 2010, U.S. Provisional Application No. 61/401,920 filed Aug. 20, 2010, U.S. Provisional Application No. 61/401, 918 filed Aug. 20, 2010, U.S. Provisional Application No. 61/401,848 filed Aug. 20, 2010, U.S. Provisional Application No. 61/401,849 filed Aug. 20, 2010, U.S. Provisional Application No. 61/462,576 filed Feb. 4, 2011, U.S. Provisional Application No. 61/462,791 filed Feb. 5, 2011, U.S. Provisional Application No. 61/463,280 filed Feb. 15, 2011, U.S. 15 Provisional Application No. 61/516,462, filed Apr. 4, 2011, U.S. Provisional Application No. 61/516,496 filed Apr. 4, 2011, U.S. Provisional Application No. 61/516,495 filed Apr. 4, 2011, and U.S. Provisional Application No. 61/516,694, filed Apr. 6, 2011, the entire contents of each of which is 20 specifically hereby incorporated by reference for all purposes. The present application is also related to U.S. Provisional Application No. 61/396,531 filed May 28, 2010, the entire contents of which is specifically hereby incorporated by reference for all purposes.

FIELD OF THE INVENTION

The present invention relates to devices for the generation of ejected droplets, methods of administration and uses ³⁰ thereof, and medicament compositions formulated therefor.

BACKGROUND OF THE INVENTION

A typical medical droplet as dispensed by an eye dropper bottle can vary, depending on the viscosity and surface tension of the fluid. In order to control the amount of active ingredient that is administered in a single droplet, the concentration of the active ingredient is adjusted by volume. Once the concentration is defined, a correct dosage may require one drop or more. However, since the human eye can typically retain only 7 μ l of fluid at a time, even a single medical droplet can result in overflow and loss of part of the medication from the eye. Multiple drop dosage often compounds the problem of medication retention in the eye. Subjects will typically administer all droplets required for a dosage in one sitting, which exacerbates the problem and can result in 50 to 90% of the medication overflowing and leaking out of the eye.

Another further problem is that a single droplet of the 50 defined concentration marks the lower limit of a dose and, as such, the amount of active ingredient that can be administered at the defined concentration. For example, pediatric application where lower doses are often advisable are an illustration of where the size/dose of a droplet can be problematic. 55

Given the above and other limitations of current ophthalmic delivery, a need exists for an efficient delivery system for solutions to the eye, including solutions containing medicaments.

SUMMARY OF THE INVENTION

To address such needs and others, provided herein are stable medicament compositions and uses thereof.

One embodiment provides a method of delivering a medicament to an eye of a subject in need thereof a solution, the method comprising: (a) providing droplets containing the

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medicament, where said droplets have an average drop size of between about 15 microns and about 100 microns in diameters and an average ejecting velocity of between about 0.5 m/s to about 20 m/s; and (b) delivering the medicament to the eye, where between about 80% to about 100% of the ejected mass of the droplets are deposited on the eye.

Another embodiment provides a method of delivering a medicament solution to a subject in need thereof by controlling droplet size and droplet deposit parameters of the medicament solution, the method comprising: (a) determining desired dosage of the medicament solution for the subject in need thereof; and (b) providing the desired dosage in a single application by determining the droplet size and deposit parameters.

Yet another embodiment provides a method for providing a solution to the eye, the method comprising: (a) providing droplets containing the medicament, having an average droplet size of between about 15 microns and about 100 microns in diameter and an average initial ejecting velocity of between about 0.5 m/s to about 20 m/s; and (b) delivering the medicament to the eye, where between about 80% to about 100% of the ejected mass of the droplets are deposited on the eye.

These and other aspects of the invention will become apparent to one of skill in the art.

DETAILED DESCRIPTION OF THE INVENTION

A. Methods of Generating Ejected Droplets

The present invention provides an effective approach to undertake dosing strategies. Dosing strategies also will incorporate various approaches to initiating treatment, stopping treatment, switching treatment and responding to different subject states.

Examples of dosing modes or strategies include night time administration, administration before waking, increased administration one week a month, three times a day, continuous dosing, bolus dosing, taper dosing, need-based dosing, and feedback dosing by the physician, provider, subject or family. The clinical scenarios where these can be employed include chronic disease, disease exacerbation, need for suppression treatment, need for recurrence treatment, or state of treatment like medicament tolerance.

B. Methods of Delivery and Treatment

Provided is a method of delivering a medicament to an eye of a subject in need thereof a solution, the method comprising: (a) providing droplets containing the medicament with a specified average size and average initial ejecting velocity; and (b) delivering the medicament to the eye, where the droplets deliver a percentage of the ejected mass of the droplets to the eye.

Devices capable of providing and delivering a fluid such as ophthalmic fluid to the eye are provided. In certain aspects, ejection devices include an ejection assembly which generates or provides a controllable stream of droplets of fluid. 55 Fluids include, without limitation, suspensions and emulsions which have viscosity in a range capable of droplet formation using an ejector mechanism. As explained in further detail herein, in accordance with certain aspects of the present disclosure, the actuator mechanism may form a 60 directed stream of droplets, which may be directed toward a target. The droplets will be formed in distribution of sizes, each distribution having an average droplet size. The average droplet size may be in the range of about 15 microns to about 100 microns, about 20 microns to about 100 microns, greater than 20 microns to about 100 microns, about 20 microns to about 80 microns, about 25 microns to about 75 microns, about 30 microns to about 60 microns, about 35 microns to

about 55 microns, etc. However, the average droplet size may be as large as 2500 microns, depending on the intended application. Further, the droplets may have an average initial ejecting velocity of about 0.5 m/s to about 20 m/s, e.g., about 1 m/s to about 10 m/s, about 1 m/s to about 5 m/s, about 1 m/s to 5 about 4 m/s, about 2 m/s, etc. As used herein, the ejecting size and the ejecting initial velocity are the size and velocity of the droplets when the droplets leave the ejector plate. The stream of droplets directed at a target will result in deposition of a percentage of the mass of the droplets including their composition onto the desired location.

The disclosed technology will eject droplets without substantial evaporation, entrainment of air, or deflection off the eye surface, which facilitates consistent dosing. Average ejecting droplet size and average initial ejecting velocity are 15 dependent on factors including fluid viscosity, surface tension, ejector plate properties, geometry, and dimensions, as well as operating parameters of the piezoelectric actuator including its drive frequency. In some implementations, 75% to about 100%, about 80% to about 100%, about 85% to about 100%, about 90% to about 100%, about 95% to about 100%, etc., of the ejected mass of droplets are deposited on the surface of the eye, such deposition being repeatable independent of operating and use conditions. The direction of flow 25 of the stream of droplets may be horizontal, or any direction a user chooses to aim the actuation mechanism during use.

Droplet performance is generally related to particle diameter. Without intending to be limited, ejected droplets are slowed to a stop by air drag (i.e., stopping distance of the 30 ejected droplets). Ejected droplets also fall vertically due to gravity. After a short acceleration time, the droplets reach terminal velocity where the drag force equals the force of gravity. The ejected droplets may carry air along with them, which creates an entrained airstream, which aids to then carry 35 the ejected droplets beyond the calculated stopping distance. However, increased levels of entrained air may cause the ejected droplets to flow across an impact surface (e.g., an eye surface) because the entrained airflow must turn 90 degrees at such a surface. Small, ejected droplets (e.g., droplets having 40 an average diameter less than about 17 microns, less than about 15 microns, etc.) are carried along the surface of the eye by the airstream and may not impact the surface. Contrasted to this, larger ejected droplets create less entrained air than an equivalent mass of smaller droplets, and have enough 45 momentum to impact the surface. The ejected droplet stopping distance is a measure of this effect.

Also provided is a method of delivering a medicament solution to a subject in need thereof by controlling droplet size and deposit parameters of the medicament solution, the 50 method comprising: (a) determining desired dosage of the medicament solution for the subject in need thereof; and (b) providing the desired dosage in a single application or multiple applications by determining the droplet size and deposit

Many factors, including those described herein, can influence the desired dosage. Once the desired dosage is determined, and also if desired frequency, such doses can be delivered. Frequency of dosing can vary by number of times, periodicity or both.

Also provided is a method for providing a solution to the eye, the method comprising: (a) providing droplets containing the solution, where the droplets have an average drop size in diameter and an average initial ejecting velocity; and (b) delivering the solution to the eye, where between about 80% 65 to about 100% of the ejected mass of the droplets are deposited on the eye.

Further provided is a method of treating eye condition disorders, including glaucoma, infection or other eye indications, and related discomforts or other need in a subject in need thereof, the method comprising: (a) providing droplets containing said medicament with a specified average size and average initial ejecting velocity; and (b) delivering the medicament to the eye, where the droplets deliver a percentage of the ejected mass of the droplets to the eye.

Further provided is a method of providing a reduced dosage form of a medicament to an eye comprising: (a) providing droplets containing the medicament, where the droplets have an average drop size and an average initial ejecting velocity; and (b) delivering the medicament to the eye, where the droplets deliver a specified deposited mass of the droplets. In this or other aspects, the droplets can provide a total volume of less than 30 μ l, 20 μ l, 15 μ l, 10 μ l, 5 μ l or 2 μ l to eye. C. Ejector Device

Exemplary ejector devices capable of generating droplets about 60% to about 100%, about 65% to about 100%, about 20 of the type described herein are provided in U.S. Patent Publication No. 2012/0143152, filed concurrently herewith, entitled "Drop-Generating Device", herein incorporated by reference in its entirety. In one aspect of one such device an ejector plate is coupled to an actuator. The manner and location of attachment of the actuator to the plate affects the operation of the ejection assembly and the creation of the droplet stream with the option of the actuator being a piezoelectric actuator.

> As described in U.S. Patent Publication No. 2012/ 0143152, again herein incorporated by reference in its entirety, the ejector device may generally be an ejector device for delivering a fluid to an eye of a subject. For instance, the ejector device may comprise: a housing; a reservoir disposed within the housing for receiving a volume of ophthalmic fluid; and an ejector mechanism configured to eject a stream of droplets to the eye of a subject upon activation of the device by a user. The ejected stream of droplets may have an average ejected droplet diameter greater than 15 microns and a low entrained airflow such that the ejected stream of droplets is deposit on the eye of the subject during use. In certain embodiments, the ejector device includes a piezoelectric ejector mechanism comprising an ejector plate having a first surface coupled to a fluid delivery area of the reservoir and including a plurality of openings formed through its thickness, and a piezoelectric actuator coupled to a second surface of the ejector plate, the piezoelectric actuator operable to oscillate the ejector plate at a frequency and generate the ejected stream of droplets.

D. Medicament and Other Compositions

Any medicament showing a desired ophthalmic activity may be administered. In an aspect, the medicament is available by prescription. In another aspect, the medicament is available over-the-counter. In an aspect, the medicament is or comprises a biologic agent. In an aspect, the biologic agent is selected from the group consisting of a full-length antibody, an active fragment of a full-length antibody, a peptide, a pegylated peptide, and an enzymatic ingredient. In another aspect, the biologic ingredient is selected from the group consisting of bevacizumab, ranibizumab, FV fragments, bispecific antibodies, fusion molecules, pegaptanib, plasmin and microplasmin. In a further aspect, the biologic agent is selected from the group consisting of ranibizumab antibody FAB (including LucentisTM), VEGF Trap fusion molecule (including VEGF Trap-EyeTM), microplasmin enzyme (including OcriplasminTM), macugen pegylated polypeptide (including PegaptanibTM), and bevacizumab (including AvastinTM).

In another aspect, a medicament to be administered is or comprises a small molecule. In an aspect, the medicament to be administered comprises a medicament selected from the group consisting of cyclosporine, neomycin, biomonidine, and aminoglycoside antibiotics, including, for example, 5 tobramycin and gentamycin.

In various aspects, a solution may have different salinity. Salinity may be measured using a hydrometer. In various aspects, salinity may range from 0%, or a pure aqueous solution, to 2.5%. In other aspects, salinity may range from about 0.1% to about 1%, from about 0.5% to about 1%, from about 0.7% to about 1%, from about 0.8% to about 1%. In further aspects, salinity of a medicament may be about 0.1%, 0.2%, 0.3%, 0.4%, 0.5%, 0.6%, 0.7%, 0.8%, 0.9%, 1%, 1.1%, 1.2%, 1.3%, 1.4%, or about 1.5%. In other aspects, salinity may be 15 less than about 1.5%, less than about 1%, less than about 0.5% or less than about 0.2%. In an aspect, the solution is isotonic with the site of delivery. For example, in various aspects, the medicament may be isotonic with human tears, blood, or eye tierus

In an aspect, the medicament to be delivered comprises a medicament selected from the group consisting of carboxymethylcellulose sodium, tetrahydrozoline HCl, pheniramine maleate, ketotifen fumarate, oxymetazoline HCl, naphazoline HCl, pheniramine maleate, moxifloxacin hydrochloride, 25 bromfenac, proparacaine hydrochloride, difluprednate, gatifloxacin, travoprost, bepotastine besilate, gatifloxacin, loteprednol etabonate, timolol ophthalmic, olopatadine hydrochloride, phenylephrine hydrochloride, levofloxacin, ketorolac tromethamine, letanoprost, bimatoprost and BAK 30 free latanoprost. In another aspect, the medicament is selected from the group consisting of Refresh TearsTM, Visine Advanced ReliefTM, Naphcon ATM, Sensitive EyesTM, RenuTM, Opti-FreeTM rewetting drops, Visine A.C.TM, Hypo TearsTM, AlawayTM, Visine L.R.TM, VisineTM original, Rohto 35 CoolTM, Soothe XPTM, ZaditorTM, Bausch & Lomb Advanced Eye Relief RednessTM, Visine ATM, Opcon-ATM, Walgreens artificial tears, VisineTM dry eye relief, Advanced Eye Relief Dry EyeTM, Opti-free ReplenishTM, Clear EyesTM redness relief, VigamoxTM, BromdayTM, DurezolTM, ZymaxidTM, Tra-40 vatan ZTM, TropicamideTM, BepreveTM, ZymarTM. LotemaxTM, IstalolTM, PatadayTM, AK-DilateTM, ToradolTM, Xalatan[™], and Lumigan[™].

In another aspect, the medicament to be delivered comprises a medicament selected from the group consisting of 45 fluorosilicone acrylate, sodium carboxymethylcellulose, hydroxypropyl methylcellulose, tetrahydrozoline HCl, carboxymethylcellulose sodium, propylene glycol, hypromellose, zinc sulfate, dorzolamide HCl timolol maleate, azithromycin, brimonidine tartrate, nepafenac, brinzolamide, 50 besifloxacin, dorzolamide HCl, prenisone acetate, loteprednol etabonate, tobramycin/dexamethasone, and cyclosporine. In a further aspect, the medicament is selected from the group consisting of Tears Naturale IITM, Optimum NWNTM, Thera TearsTM, Systane UltraTM, GenTearTM, Systane Lubricant Eye 55 DropsTM, BlinkTM tears, Visine Max Redness ReliefTM, Refresh OptiveTM, Muro 128TM, Systane BalanceTM, Rohto HydraTM, Rohto IceTM, Walgreens sterile artificial tears, Rohto ArcticTM, Clear EyesTM natural tears lubricant, SimilasanTM pink eye relief, SimilasanTM allergy eye relief, Cos- 60 optTM, AzaSiteTM Alphagan PTM, NevanacTM, AzoptTM, BesivanceTM TrusoptTM, AlrexTM, and RestasisTM.

In an aspect, an ophthalmic medicament to be delivered is used to treat glaucoma. In an aspect, a glaucoma medicament is selected from the group consisting of travoprost, timolol 65 ophthalmic, latanoprost, bimatoprost, dorzolamide HCl timolol maleate, brimonidine tartrate, brinzolamide, dorzola-

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mide HCl, and BAK free latanoprost. In a further aspect, a medicament is selected from the group consisting of travoprost, timolol ophthalmic, latanoprost, bimatoprost, and BAK free latanoprost. In another aspect, a medicament is selected from the group consisting of dorzolamide HCl timolol maleate, brimonidine tartrate, brinzolamide, and dorzolamide HCl. In an aspect, a glaucoma medicament is selected from the group consisting of TravatanTM, IstalolTM, XalatanTM, LumiganTM, CosoptTM, Alphagan PTM, AzoptTM, and TrusoptTM. In another aspect, a medicament is selected from the group consisting of TravatanTM, IstololTM, XalatanTM, and LumiganTM. In a further aspect, a medicament is selected from the group consisting of CosoptTM, Alphagan PTM, AzoptTM, and Dorzolamide HClTM.

In an aspect, the concentration of an active ingredient in a medicament is measured as a percentage of the active ingredient in solution. In an aspect, the concentration of active ingredient ranges from about 0.0001% to about 5%. In another aspect, the concentration of active ingredient in a medicament ranges from about 0.0005% to about 1%. In other aspects, the concentration of active ingredient ranges from about 0.0005% to about 0.0001%, from about 0.0001% to about 0.001%, or from about 0.0005% to about 0.001%. In other aspects, the concentration of active ingredient ranges from about 0.005% to about 0.001% or from about 0.001% to about 0.01%. In another aspect, the concentration of active ingredient ranges from about 0.001% to about 0.5%. In various other aspects, the concentration of active ingredient is selected from the group consisting of about 0.0001%, about 0.0005%, about 0.001%, about 0.0025%, about 0.005%, about 0.01%, about 0.025%, about 0.05%, about 0.1%, about 0.2%, about 0.3%, about 0.4%, about 0.5%, about 0.75%, about 1%, about 1.5%, about 2%, about 2.5%, about 3%, about 4%, and about 5% measured as a percentage of the solution. However, given the lower dosing amounts afforded by the methods of the present disclosure, higher concentrations may be used depending on the intended use. For examples, about 10%, about 20%, about 25%, of the active ingredient in the medicament, measured as a percentage of the solution, may be utilized.

In an aspect, the medicament comprises a medicament selected from the group consisting of between about 0.02% and about 0.03% carboxymethylcellulose sodium, between about 0.4% and about 0.6% carboxymethylcellulose sodium, between about 0.04% and about 0.06% tetrahydrozoline HCl, between about 0.04% and about 0.06% tetrahydrozoline HCl, between about 0.24% and about 0.36% pheniramine maleate. between about 0.02% and about 0.03% ketotifen fumarate, between about 0.028% and about 0.042% ketotifen fumarate, between about 0.02% and about 0.03% oxymetazoline HCl, between about 0.0096% and about 0.0144% naphazoline HCl, between about 0.024% and about 0.036% naphazoline HCl, between about 0.24% and 0.36% pheniramine maleate, between about 0.4% and about 0.6% moxifloxacin hydrochloride, between about 0.072% and about 0.108% bromfenac, between about 0.4% and about 0.6% proparacaine hydrochloride, between about 0.04% and about 0.06% difluprednate, between about 0.4% and about 0.6% gatifloxacin, between about 0.0032% and about 0.0048% travoprost, between about 1.2% and about 1.8% bepotastine besilate, between about 0.24% and about 0.36% gatifloxacin, between about 0.4% and about 0.6% loteprednol etabonate, between about 0.4% and about 0.6% timolol ophthalmic, between about 0.16% and about 0.24% olopatadine hydrochloride, between about 2% and about 3% phenylephrine hydrochloride, between about 0.4% and about 0.6% levofloxacin, between about 0.32% and about 0.48% ketorolac

tromethamine, between about 0.004% and about 0.006% letanoprost, and between about 0.024% and about 0.036% bimatoprost.

In an aspect, the medicament comprises a medicament selected from the group consisting of 0.025% carboxymethylcellulose sodium, 0.5% carboxymethylcellulose sodium, 0.05% tetrahydrozoline HCl, 0.5%, tetrahydrozoline HCl, 0.3% pheniramine maleate, 0.025% ketotifen fumarate, 0.035% ketotifen fumarate, 0.025% oxymetazoline HCl, 0.012% naphazoline HCl, 0.03% naphazoline HCl, 0.03% naphazoline HCl, 0.09% bromfenac, 0.5% moxifloxacin hydrochloride, 0.09% bromfenac, 0.5% proparacaine hydrochloride, 0.05% difluprednate, 0.5% gatifloxacin, 0.004% travoprost, 1.5% bepotastine besilate, 0.3% gatifloxacin, 0.5% loteprednol etabonate, 0.5% timolol ophthalmic, 0.2% olopatadine hydrochloride, 2.5% phenylephrine hydrochloride, 0.5% levofloxacin, 0.4% ketorolac tromethamine, 0.005% letanoprost, and 0.03% bimatoprost.

In another aspect, the medicament to be delivered comprises a medicament selected from the group consisting of 20 between about 0.02% and about 0.3% sodium carboxymethylcellulose, between about 0.04% and about 0.06% tetrahydrozoline HCl, between about 0.4% and about 0.6% carboxymethylcellulose sodium, between about 0.48% and about 0.72% propylene glycol, between about 0.24% and 25 about 0.36% hypromellose, between about 0.2% and about 0.3% zinc sulfate, between about 0.8% and about 1.2% azithromycin, between about 0.08% and about 0.12% brimonidine tartrate, between about 0.08% and about 0.12% nepafenac, between about 0.8% and about 1.2% brinzola- 30 mide, between about 0.48% and about 0.72% besifloxacin, between about 1.6% and about 2.4% dorzolamide HCl, between about 0.8% and about 1.2% prenisone acetate, between about 0.16% and about 0.24% loteprednol etabonate, between about 0.32% and about 0.48% tobramycin/ 35 dexamethasone, and between about 0.04% and about 0.06% cyclosporine.

In another aspect, the medicament to be delivered comprises a medicament selected from the group consisting of 0.025% sodium carboxymethylcellulose, 0.05% tetrahydro-zoline HCl, 0.5% carboxymethylcellulose sodium, 0.6% propylene glycol, 0.3% hypromellose, 0.25% zinc sulfate, 1% azithromycin, 0.1% brimonidine tartrate, 0.1% nepafenac, 1% brinzolamide, 0.6% besifloxacin, 2% dorzolamide HCl, 1% prenisone acetate, 0.2% loteprednol etabonate, 0.4% 45 tobramycin/dexamethasone, and 0.05% cyclosporine.

In an aspect, the medicament to be administered is not water-soluble. In another aspect, the medicament to be administered is poorly water-soluble. In a preferred aspect, the medicament is water-soluble, highly water-soluble, or 50 very highly water-soluble. In an aspect, poorly water soluble is less than 10 ug/mL. In other aspects, water soluble is 10 to 60 ug/mL, highly water soluble is greater than 60 to 120 ug/mL, and very highly water soluble is greater than 120 ug/mI.

In another aspect, the medicament to be administered is formulated in an emulsion or a suspension. In an aspect, the medicament to be delivered comprises difluprednate or loteprednol etabonate. In an aspect, the medicament is DurezoITM or LotemaxTM.

As generally understood by those skilled in the art, the listing of an active agent includes medicamently acceptable salts, esters, and acids thereof.

In an aspect, a medicament to be delivered comprises a preservative or other additive acceptable for use in the eye. In 65 an aspect, a medicament comprises 20% or less of a preservative or other additive, or 15% or less, 12% or less, 10% or

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less, 8% or less, 6% or less, 5% or less, 4% or less, 3% or less, 2% or less, 1% or less, 0.5% or less, 0.4% or less, 0.3% or less, 0.2% or less, 0.1% or less of a preservative or other additive.

In another aspect, the medicament to be delivered comprises a polymeric ingredient. In an aspect, the medicament comprises an additive selected from the group consisting of glycerin, castor oil, carbomer, polyethylene glycol, and polysorbate 80. In an aspect, the concentration of polymer is measured as a percentage of the total solution by weight. In various aspects, the medicament comprises 10% or less of a polymer, 5% or less of a polymer, 4% or less of a polymer, 3% or less of a polymer, 2% or less of a polymer, 1.5% or less of a polymer, 1% or less of a polymer, 0.5% or less of a polymer, 0.4% or less of a polymer, 0.3% or less of a polymer, 0.2% or less of a polymer, 0.1% or less of a polymer, 0.05% or less of a polymer, or no detectable polymer. In various aspects, the medicament comprises 10% or less glycerin, 5% or less glycerin, 4% or less glycerin, 3% or less glycerin, 2% or less glycerin, 1.5% or less glycerin, 1% or less glycerin, 0.5% or less glycerin, 0.4% or less glycerin, 0.3% or less glycerin, 0.2% or less glycerin, 0.1% or less glycerin, 0.05% or less glycerin, or no glycerin.

In various aspects, the medicament may have different tonicity. Tonicity may be measured using a hydrometer. In various aspects, tonicity may range from 0%, or a pure aqueous solution, to 2.5%. In other aspects, tonicity may range from 0.1% to 1%, from 0.5% to 1%, from 0.7% to 1%, from 0.8% to 1%. In further aspects, tonicity of a medicament may be 0.1%, 0.2%, 0.3%, 0.4%, 0.5%, 0.6%, 0.7%, 0.8%, 0.9%, 1%, 1.1%, 1.2%, 1.3%, 1.4%, or 1.5%. In an aspect, the medicament is isotonic with the site of delivery. For example, in various aspects, the medicament may be isotonic with human tears, blood, or eye tissue. It is contemplated that a solution with no active ingredient can be administered, e.g., a wetting agent.

In an aspect, the subject is less than 150 kilograms, 100 kilograms, less than 50 kilograms, less than 25 kilograms, or less than 10 kilograms. In this or other aspects, the subject may be less than 12 or 13 years old. In this or other aspects, the subject could be classified as human, male or female. In this or other aspects, the subject may be an agricultural animal. In this or other aspects, the subject may be non-human.

The viscosity of the medicament to be administered can vary. Viscosity of a medicament formulation can be measured by using a viscometer. In various aspects, viscosity of a medicament at 25° C. ranges from about 0.3 to about 300 cP, from about 0.3 to about 200 cP, from about 0.3 to about 100 cP. from about 0.3 to about 50 cP, from about 0.3 to about 40 cP, from about 0.3 to about 30 cP, from about 0.3 to about 20 cP, from about 0.3 to about 10 cP, from about 0.3 to about 5 cP, from about 0.3 to about 2 cP. from about 0.3 to about 1.5 cP. from about 0.3 to about 1 cP, from about 0.3 to about 0.9 cP, from about 0.3 to about 0.8 cP, from about 0.3 to about 0.7 cP from about 0.3 to about 0.6 cP, from about 0.3 to about 0.5 cP, 55 or from about 0.3 to about 0.4 cP. In various other aspects, viscosity of a medicament to be administered is about 0.4 to about 1.4 cP, about 0.5 to about 1.3 cP, about 0.6 to about 1.2 cP, about 0.7 to about 1.1 cP, or about 0.8 to about 1.0 cP at room 25° C. In various other aspects, viscosity of a medica-60 ment at 25° C. is about 0.3 cP, about 0.4 cP, about 0.5 cP, about 0.6 cP, about 0.7 cP, about 0.8 cP, about 0.9 cP, about 1 cP, about 1.1 cP, about 1.2 cP, about 1.3 cP, about 1.4 cP, or about 1.5 cP.

In some aspects, the active agents may exhibit increased stability and/or solubility at acid or alkaline pH and may be centrally administered in such form. In other aspects, a physiologically suitable pH (e.g., in the range of about pH 6.8-8.2,

depending on the part of the eye) may be preferred for ophthalmic administration. However, titration to physiological pH may result in solubility and/or stability issues for many active agents. Therefore, it may be preferred in some cases to develop aqueous formulations in which the active agent is formulated with a solubility-enhancing agent or stabilizing excipients at a physiologically suitable pH. If titration is desired, any suitable buffer known in the medicament arts may be used (e.g., phosphate, acetate, glycine, citrate, imidazole, TRIS, MES, MOPS).

Further it may be desirable to maintain physiological isotonicity. For instance, in certain aspects, an osmolality ranging from about 100 to about 1000 mmol/kg, more particularly from about 280 to about 320 mmol/kg may be desired. Any suitable manner of adjusting tonicity known in the pharmateutical arts may be used, e.g., adjustment with NaCl.

In accordance with certain aspects of the invention, medicament compositions are designed to maximize solubility and stability in ophthalmic applications and under conditions of use for administration to the eye.

1. Solubility Enhancing Agents

Again, in accordance with certain aspects of the invention, formulation active agents in aqueous solutions at physiological pH and tonicity are undertaken. However, to provide adequate solubility to the composition, the use of solubility 25 enhancing agents may optionally be required.

Without intending to be limited by theory, in certain aspects, solubility enhancing agents may utilize their amphiphilic characteristics to increase the solubility of active agents in water. As generally understood by those skilled in 30 the art, a wide variety of solubility enhancing agents that possess both nonpolar and hydrophilic moieties may be employed in connection with the present invention. However, amphiphilic agents possessing stronger hydrophobic character have the potential to interact with cell membranes and 35 produce toxic effects. Therefore, again, without intending to be limited by theory, solubility enhancing agents with minimal hydrophobic character may be preferred in certain aspects within the context of the present invention, as such agents will be well-tolerated.

In addition to minimizing the hydrophobic character of the solubilizing agents employed, toxicity during administration may be reduced if the solubility enhancing agent is readily degraded in a cellular environment. The ability of cells to degrade compounds prevents their accumulation during 45 chronic administration. To this end, the solubility enhancing agents may optionally include chemically-labile ester and ether linkages that contribute to low toxicity, and thereby prevent significant cellular accumulations during chronic administration.

In this regard, in accordance with certain aspects of the invention, the solubility-enhancing agent includes those that can be selected from cyclodextrins, e.g., β -hydroxypropylcyclodextrin, sulfobutyl-ether- β cyclodextrin, etc.

In other aspects, the solubility-enhancing agent may be 55 selected from sucrose esters. Such agents are formed of two benign components (sucrose and fatty acids) linked by a highly labile ester bond. Although a readily-degradable linkage is beneficial from a toxicity standpoint, the solubility enhancing agent must be sufficiently robust to maintain its 60 ability to solubilize the active agent during the desired conditions of use.

Generally, certain compositions of the invention may be prepared by formulating the desired amount, which may be a therapeutically-effective amount, of the desired active agent 65 in a suitable solubility enhancing agent. Solubility enhancing agents include, but are not limited to, e.g., cyclodextrins,

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octylglucoside, pluronic F-68, Tween 20, sucrose esters, glycerol, ethylene glycol, alcohols, propylene glycol, carboxy methyl cellulose, solutol, mixtures thereof, etc. Other solubility-enhancing agents include, but are not limited to, polyethylene glycol (PEG), polyvinlypyrrolidone (PVP), arginine, proline, betaine, polyamino acids, peptides, nucleotides, sorbitol, sodium dodecylsulphate (SDS), sugar esters, other surfactants, other detergents and pluronics, and mixtures thereof. Alternatively, stable multiphase systems could be employed to safely solubilize therapeutics for intrathecal delivery (e.g., liposomes, micro/nano emulsions, nanoparticles, dendrimers, micro/nano spheres).

Any suitable amount of solubility enhancing agent sufficient to solubilize the active agent of interest to the desired concentration may be used. In certain aspects, molar ratios of active agent to solubility-enhancing agent ranging from about 0.5:1 to about 1:10, particularly, about 1:1 to about 1:5, more particularly 1:1 to about 1:2, may be used to achieve adequate solubility of the active agent to the desired concentrations.

2. Stabilizing Excipients

In addition to solubility, the active agent must be sufficiently stable within the composition to withstand hydrolytic and oxidative degradation in order to maintain biological activity during administration. Active agents generally possesses the therapeutic effects observed during conventional administration; the stability of the medicament in the composition prior to central administration is also of importance. To this end, in certain aspects, the compositions of the present invention may further include stabilizing excipients and buffers acceptable for use in the eye.

Considering that oxidation represents a common degradation pathway, in certain aspects, the compositions of the invention may be deoxygenated (e.g., by saturating with nitrogen gas) to minimize the formation of reactive oxygen species that would degrade the active agent during storage. Another method would be to ensure that formulations are stored in a container that does not allow passage of light, thereby minimizing photo-induced degradation. In addition, in accordance with certain aspects of the invention, stabilizing excipients may optionally be used to, e.g., prevent or slow degradation by oxidation and/or hydrolysis of the active agents. For example, vitamin E, methionine, chelators and mannitol may be used to reduce oxidative degradation. Since the rates of many degradation reactions are pH-dependent, such formulations may include any suitable buffering agent known in the art (e.g., phosphate, acetate, glycine, citrate, imidazole, TRIS, MES, MOPS).

Stabilizing excipients useful in the context of the compositions described herein include any medicamently acceptable components which function to enhance the physical stability, and/or chemical stability of the active agent in the compositions of the invention. The medicament compositions described herein may include one or more stabilizing excipients, and each excipient may have one or more stabilizing functions.

In one aspect, the stabilizing excipient may function to stabilize the active agent against chemical degradation, e.g., oxidation, deamidation, deamination, or hydrolysis. In this regard, the stabilizing excipients may optionally be selected from antioxidants, such as ascorbic acid (vitamin C), vitamin E, tocopherol conjugates, tocopherol succinate, PEGylated tocopherol succinate, Tris salt of tocopherol succinate, Trolox, mannitol, sucrose, phytic acid, trimercaprol or glutathione.

The term "effective amount" refers to an amount of an active agent used to treat, ameliorate, prevent, or eliminate the identified ophthalmic condition (e.g., disease or disorder), or

to exhibit a detectable therapeutic or preventative effect. The effect can be detected by, for example, chemical markers, antigen levels, or time to a measurable event, such as morbidity or mortality. The precise effective amount for a subject will depend upon the subject's body weight, size, and health; the nature and extent of the condition; and the therapeutic or combination of therapeutics selected for administration. Effective amounts for a given situation can be determined by routine experimentation that is within the skill and judgment of the clinician. Any of the agents can be provided in an effective amount.

For any active agent, the effective amount can be estimated initially either in cell culture assays, e.g., in animal models, such as rat or mouse models. An animal model may also be used to determine the appropriate concentration range and route of administration. Such information can then be used to determine useful doses and routes for administration in humans.

To assist in understanding the present invention, the following Example is included. The experiments described herein should not, of course, be construed as specifically limiting the invention and such variations of the invention, now known or later developed, which would be within the purview of one skilled in the art are considered to fall within the scope of the invention as described herein and hereinafter claimed.

U.S. Application Attorney Docket Number 24591.003-US03, filed concurrently herewith, entitled "Drop-Generat12

ing Device" and U.S. Application Attorney Docket Number 24591.003-US02, filed concurrently herewith, entitled "Method and System for Performing Remote Treatment and Monitoring" are also each herein incorporated by reference in their entireties.

EXAMPLE

Table A describes quantification of average droplet size and the maximum number of doses of various medications from individual eyedropper containers. Each experiment is repeated in three trials to calculate a more accurate average droplet size. By taking the volume of individual bottles and dividing it by the average droplet size, the maximum number of doses per eyedropper is calculated.

Column A contains the retail name of medications. In column B, the concentration of active ingredient of medication is listed as a percentage where publically available. Column C contains the name of preservative used in the medication, with column D displaying the percentage of the preservative in the solution. Column E is the manufacturer of the medication and column F is its classification as over-the counter (OTC) or by prescription (Rx). Columns G, H and I represent values from individual trials. The average in Column J is calculated using the values of G, H and I. Every bottle has a unique volume to contain a set amount of medication, which is noted in column K. The value in column K is divided by the average in column J to determine the number of doses possible as noted in Column L.

TABLE A

Name	med in solution (%)	Preservative	Preserv in solution (%)	Company	RX/ OTC	Trial 1	Trial 2	Trial 3	Avg	Bottle Size (ml)	Doses
Blink tears		Sodium Chlorate		Advanced Medical Optics	OTC	0.041	0.046	0.041	0.0427	15	352
thera tears (sodium carboxymethylcellulose)	0.025	Sodium Perborate		Advanced Vision Research	OTC	0.046	0.05	0.049	0.0483	30	621
Naphcon A (Pheniramine Maleate)	0.3	Benzalkonium Chloride	0.01	Alcon	OTC	0.038	0.04	0.04	0.0393	15	381
Opti-free express rewetting drops		Polyquad		Alcon	OTC	0.036	0.038	0.038	0.037333	20	535.7
Opti-free Replenish		Polyquad	0.001	Alcon	OTC	0.026	0.027	0.029	0.0273	10	366
Systane Balance (propylene glycol)	0.6	Polyquad	0.001	Alcon	OTC	0.039	0.035	0.035	0.0363	10	275
Systane Lubricant Eye drops		Polyquad		Alcon	OTC	0.038	0.044	0.05	0.0440	15	341
Systane ultra		Polyquad	0.001	Alcon	OTC	0.047	0.047	0.049	0.0477	10	210
Tears Naturale II		Polyquad	0.001	Alcon	OTC	0.057	0.056	0.06	0.0577	15	260
Refresh optive (Carboxymethylcellulose Sodium)	0.5	PURITE		Allergan	OTC	0.04	0.041	0.04	0.0403	15	372
Refresh Tears (Carboxymethylcellulose Sodium)	0.5	PURITE		Allergan	OTC	0.054	0.055	0.059	0.0560	15	268
Adv. Eye Relief Dry Eye		Benzalkonium Chloride	0.01	Bausch & Lomb	OTC	0.027	0.028	0.03	0.0283	15	529
Adv. Eye relief Redness (Naphazoline HCl)	0.03	Benzalkonium Chloride	0.01	Bausch & Lomb	OTC	0.032	0.031	0.032	0.0317	15	474
Alaway (ketotifen fumarate)	0.035	Benzalkonium Chloride	0.01	Bausch & Lomb	OTC	0.036	0.034	0.035	0.0350	10	286
Muro128				Bausch & Lomb	OTC	0.038	0.041	0.038	0.0390	15	385
Opcon-A		Benzalkonium Chloride		Bausch & Lomb	OTC	0.028	0.031	0.032	0.0303	15	495
Renu		Sorbic acid, Disodium edetate	0.15 and .1	Bausch & Lomb	OTC	0.036	0.039	0.041	0.0387	15	388

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TABLE A-continued

			Preserv							Rottle	
Name	med in solution (%)	Preservative	in solution (%)	Company	RX/ OTC	Trial 1	Trial 2	Trial 3	Avg	Bottle Size (ml)	Doses
Sensitive eyes		Sorbic Acid and	.1 and	Bausch &	OTC	0.039	0.038	0.04	0.0390	30	769
Soothe xp		Disodium edetate polyhexa- methylene	.025	Lomb Bausch & Lomb	OTC	0.033	0.033	0.033	0.0330	15	455
Visine A.C. (Tetrahydrozoline HCl)	0.05	biguanide Benzalkonium Chloride		Johnson & Johnson	OTC	0.036	0.036	0.038	0.0367	15	409
Visine Advanced Relief (Tetrahydrozoline	0.05	Benzalkonium Chloride		Johnson & Johnson	OTC	0.038	0.043	0.041	0.0407	19	467
HCl) Visine Dry eye relief		Benzalkonium Chloride	0.01	Johnson & Johnson	OTC	0.031	0.03	0.027	0.0293	15	511
Visine L.R. Long Lasting Redness Relief	0.025	Benzalkonium Chloride		Johnson & Johnson	OTC	0.036	0.036	0.032	0.0347	15	433
(Oxymetazoline HCl) Visine Max Redness Relief (Tetrahydrozoline HCl)	0.05	Benzalkonium Chloride		Johnson & Johnson	OTC	0.04	0.042	0.042	0.0413	15	363
Visine original (Tetrahydrozoline HCl)	0.05	Benzalkonium Chloride		Johnson & Johnson	OTC	0.034	0.034	0.034	0.0340	19	559
Visine-A (Pheniramine Maleate)	0.3	Benzalkonium Chloride	0.01	Johnson & Johnson	OTC	0.031	0.031	0.033	0.0317	15	474
Optimum WRW (fluorosilicone		Benzyl Alcohol, Sorbic Acid,	.1, .05, .1	Lobob	OTC	0.055	0.052	0.058	0.055	30	545.5
acrylate) Clear eyes natural tears lubricant		Disodium edetate Benzalkonium Chloride		MedTech Products	OTC	0.026	0.03	0.024	0.0267	15	563
Clear eyes Redness relief (naphazoline	0.012	Benzalkonium Chloride		MedTech Products	OTC	0.024	0.02	0.021	0.0217	30	1385
HCl) GenTeal (hydroxypropyl		GenAqua (Sodium		Novartis	OTC	0.046	0.046	0.047	0.0463	15	324
methylcellulose) Hypo tears		perborate) Benzalkonium Chloride	0.01	Novartis	OTC	0.032	0.039	0.038	0.0363	30	826
Zaditor (ketotifen fumarate)	0.025	Benzalkonium Chloride	0.01	Novartis	OTC	0.033	0.032	0.034	0.0330	5	152
Rohto arctic (Tetrahydrozoline HCl)	0.05			Rohto	OTC	0.035	0.03	0.034	0.0330	13	394
Rohto Cool (naphazoline HCl)	0.012	Benzalkonium Chloride		Rohto	OTC	0.037	0.033	0.03	0.0333	13	390
Rohto Hydra (hypromellose)	0.3			Rohto	OTC	0.041	0.034	0.03	0.0350	13	371
Rohto ice (Zinc Sulfate) Similasan allergy eye	0.25	Olleren meladesta		Rohto	OTC OTC	0.035	0.03	0.038	0.0343	13	379
relief Similasan pink eye		Silver sulphate		Similasan Similasan	OTC	0.044	0.044	0.046	0.0447	10 10	224 213
relief Walgreens artificial		Benzalkonium	0.01	Walgreens	OTC	0.028	0.03	0.032	0.0300	30	1000
tears Walgreens sterile artificial tears		Chloride None	0	Walgreens	OTC	0.031	0.033	0.036	0.0333		32
(ampules) AK-Dilate Phenylephrine Hydrochloride	2.5	Benzalkonium Chloride	0.01	Akorn	Rx	0.023	0.029	0.029	0.0270	15	556
Azopt (brinzolamide)	1	Benzalkonium Chloride	0.01	Alcon	Rx	0.039	0.039	0.039	0.0390	10	256
Nevanac (nepafenac)	0.1	Benzalkonium Chloride	0.005	Alcon	Rx	0.04	0.039	0.043	0.0407	3	74
Pataday (olopatadine hydrochloride)	0.2	Benzalkonium Chloride	0.01	Alcon	Rx	0.028	0.029	0.027	0.0280	2.5	89
Travatan Z(travoprost)	0.004	Sofzia		Alcon	Rx	0.03	0.034	0.034	0.0327	5	153
vigamox (moxifloxacin	0.5	None	0	Alcon	Rx	0.039	0.045	0.046	0.0433	3	69

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Name	med in solution (%)	Preservative	Preserv in solution (%)	Company	RX/ OTC	Trial 1	Trial 2	Trial 3	Avg	Bottle Size (ml)	Doses
Ketorolac	0.4	Benzalkonium	0.006	Alcon-Falcon	Rx	0.025	0.026	0.024	0.0250	5	200
Tromethamine		Chloride									
Prednisolone Acetate Ophthalmic suspension	1	Benzalkonium Chloride	0.01	Alcon-Falcon	Rx	0.03	0.033	0.037	0.0333	5	150
Proparacaine Hydrochloride Ophthalmic solution	0.5	Benzalkonium Chloride	0.01	Alcon-Falcon	Rx	0.036	0.04	0.042	0.0393	15	381
Tobramycin and Dexamethasone	0.4	Benzalkonium Chloride	0.01	Alcon-Falcon	Rx	0.032	0.033	0.029	0.0313	5	160
Tropicamide	1	Benzalkonium Chloride	0.01	Alcon-Falcon	Rx	0.033	0.028	0.034	0.0317	15	474
Alphagan P (brimonidine tartrate)	0.1	PURITE	0.005	Allergan	Rx	0.041	0.042	0.05	0.0443	5	113
Lumigan (bimatoprost)	0.03	Benzalkonium Chloride	0.005	Allergan	Rx	0.025	0.021	0.022	0.0227	5	221
Restasis (cyclosporine) (ampules)	0.05	None (Sterile)	0	Allergan	Rx	0.025	0.023	0.025	0.0243		30
Zymar (gatifloxacin)	0.3	Benzalkonium Chloride	0.005	Allergan	Rx	0.029	0.031	0.031	0.0303	5	165
Zymaxid (gatifloxacin)	0.5	Benzalkonium Chloride	0.005	Allergan	Rx	0.033	0.035	0.032	0.0333	2.5	75
Alrex (loteprednol etabonate)	0.2	Benzalkonium Chloride	0.01	Bausch & Lomb	Rx	0.032	0.034	0.033	0.0330	5	152
Bepreve (bepotastine besilate)	1.5	Benzalkonium Chloride	0.005	Bausch & Lomb	Rx	0.031	0.033	0.03	0.0313	5	160
Besivance (besifloxacin)	0.6	Benzalkonium Chloride	0.01	Bausch & Lomb	Rx	0.036	0.041	0.04	0.0390	5	128
Lotemax (loteprednol etabonate)	0.5	Benzalkonium Chloride	0.01	Bausch & Lomb	Rx	0.029	0.031	0.031	0.0303	5	165
Dorzolamide HCl Timolol Maleate		Benzalkonium Chloride	0.0075	Hi-tech	Rx	0.051	0.048	0.053	0.0507	10	197
AzaSite (azithromycin)	1	Benzalkonium Chloride	0.003	Inspire	Rx	0.046	0.045	0.051	0.0473	2.5	53
Bromday (bromfenac)	0.09	Benzalkonium Chloride		Ista	Rx	0.046	0.04	0.038	0.0413	1.7	41
Levofloxacin	0.5	Benzalkonium Chloride	0.005	Pack	Rx	0.028	0.027	0.025	0.0267	5	188
Xalatan (latanoprost)	0.005	Benzalkonium Chloride	0.02	Pfizer	Rx	0.022	0.023	0.026	0.0237	2.5	106
Istalol	0.5	Benzalkonium Chloride	0.005	Senju	Rx	0.026	0.031	0.031	0.0293	5	170
Durezol (difluprednate)	0.05	Sorbic Acid	0.1	Sirion Therapeutics	Rx	0.04	0.039	0.034	0.0377	5	133
Dorzolamide HCl	2	Benzalkonium Chloride	0.0075	Teva	Rx	0.036	0.04	0.04	0.0387	10	259
BAK free Latanoprost						0.035	0.033	0.034	0.0340		

What is claimed:

- 1. A method of delivering a medicament to an eye of a subject in need thereof as an ejected stream of droplets, the method comprising:
 - (a) generating the ejected stream of droplets containing said medicament via a piezoelectric actuated ejection device, said ejector device comprising: a housing; a reservoir disposed within the housing for receiving a volume of ophthalmic fluid; an ejector mechanism comprising an ejector plate having a first surface coupled to a fluid delivery area of the reservoir, the ejector plate including a plurality of openings formed through its thickness; and a piezo electric actuator coupled to a second surface of the ejector plate, the actuator being operable to oscillate the ejector plate at a frequency to thereby generate the ejected stream of droplets upon actuation:
 - wherein said ejected droplets have an average droplet ejecting size of between about 20 microns to about 100

- microns in diameter and an average initial droplet ejecting velocity between 1 m/s and 10 m/s; and
- (b) delivering said ejected stream of droplets containing said medicament to said eye of the subject in need thereof, wherein between about 85% to about 100% of the ejected mass of said droplets are deposited on the eye.
- 2. The method according to claim 1, wherein said medicament is delivered in an aqueous droplet solution.
- 3. The method according to claim 2, wherein said medicament is delivered in an oil/water emulsion droplet.
- **4**. The method according to claim **3**, wherein said oil in said oil/water emulsion droplet is a glycerin, a castor oil, or a polysorbate 80 mixture.
- 5. The method according to claim 1, wherein said medicament is a glaucoma medicament.
 - **6**. The method according to claim **1**, wherein said medicament is an antibiotic.

- 7. The method according to claim 1, wherein said average droplet ejecting size is between about 30 microns to about 60 microns
- **8**. The method according to claim **1**, wherein said average initial droplet ejecting velocity is between about 1 m/s to 5 about 4 m/s.
- **9**. The method according to claim **1**, wherein said medicament is selected from the group consisting of ranibizumab antibody FAB, VEGF Trap fusion molecule, microplasmin enzyme, macugen pegylated polypeptide, and bevacizumab. 10
- 10. The method according to claim 1, wherein said medicament comprises a medicament selected from the group consisting of carboxymethylcellulose sodium, tetrahydrozoline HCl, pheniramine maleate, ketotifen fumarate, oxymetazoline HCl, naphazoline HCl, pheniramine maleate, moxisoline HCl, naphazoline HCl, pheniramine maleate, moxisoline hydrochloride, bromfenac, proparacaine hydrochloride, difluprednate, gatifloxacin, travoprost, bepotastine besilate, gatifloxacin, loteprednol etabonate, timolol ophthalmic, olopatadine hydrochloride, phenylephrine hydrochloride, levofloxacin, ketorolac tromethamine, latanoprost, bimatoprost and BAK free latanoprost.
- 11. The method according to claim 1, wherein said medicament comprises a medicament selected from the group consisting of fluorosilicone acrylate, sodium carboxymethylcellulose, hydroxypropyl methylcellulose, tetrahydrozoline 25 HCl, carboxymethylcellulose sodium, propylene glycol, hypromellose, zinc sulfate, dorzolamide HCl timolol maleate, azithromycin, brimonidine tartrate, nepafenac, brinzolamide, besifloxacin, dorzolamide HCl, prenisone acetate, loteprednol etabonate, tobramycin/dexamethasone, and 30 cyclosporine.
- 12. The method according to claim 1, wherein said medicament is selected from the group consisting of travoprost, timolol ophthalmic, latanoprost, bimatoprost, dorzolamide HCl timolol maleate, brimonidine tartrate, brinzolamide, dorzolamide HCl, and BAK free latanoprost.
- 13. A method for providing a solution as an ejected stream of droplets to an eye of a subject in need thereof, the method comprising:
 - (a) generating an ejected stream of droplets of said solution 40 via a piezoelectric actuated ejection device, the ejection device comprising: a housing; a reservoir disposed within the housing for receiving a volume of ophthalmic fluid; an ejector mechanism comprising an ejector plate having a first surface coupled to a fluid delivery area of 45 the reservoir, the ejector plate including a plurality of openings formed through its thickness; and a piezoelectric actuator coupled to a second surface of the ejector plate, the actuator being operable to oscillate the ejector plate at a frequency to thereby generate the ejected 50 stream of droplets upon actuation;
 - wherein said ejected droplets have an average droplet ejecting size of between about 20 microns to about 100 microns in diameter and an average initial droplet ejecting velocity of between about 1 m/s and 10 m/s; and
 - (b) delivering said ejected stream of droplets of said solution to said eye of a subject in need thereof, wherein between about 85% to about 100% of the ejected mass of said droplets are deposited on the eye.
- 14. The method of claim 13, wherein said solution is an 60 isotonic saline solution.
- 15. The method according to claim 13, wherein said solution comprises a medicament and said medicament is delivered in an aqueous droplet solution.
- **16**. The method according to claim **13**, wherein said solution comprises a medicament and said medicament is delivered in an oil/water emulsion droplet.

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- 17. The method according to claim 16, wherein said oil in said oil/water emulsion droplet is a glycerin, a castor oil, or a polysorbate 80 mixture.
- 18. The method according to claim 15, wherein said medicament is a glaucoma medicament.
- 19. The method according to claim 15, wherein said medicament is an antibiotic.
- **20**. The method according to claim **13**, wherein said average droplet ejecting size is between about 30 microns to about 60 microns.
- 21. The method according to claim 13, wherein said average droplet initial ejecting velocity is between about 1 m/s to about 4 m/s.
- 22. The method according to claim 15, said medicament is selected from the group consisting of ranibizumab antibody FAB, VEGF Trap fusion molecule, microplasmin enzyme, macugen pegylated polypeptide, and bevacizumab.
- 23. The method according to claim 15, wherein said medicament comprises a medicament selected from the group consisting of carboxymethylcellulose sodium, tetrahydrozoline HCl, pheniramine maleate, ketotifen fumarate, oxymetazoline HCl, naphazoline HCl, pheniramine maleate, moxifloxacin hydrochloride, bromfenac, proparacaine hydrochloride, difluprednate, gatifloxacin, travoprost, bepotastine besilate, gatifloxacin, loteprednol etabonate, timolol ophthalmic, olopatadine hydrochloride, phenylephrine hydrochloride, levofloxacin, ketorolac tromethamine, latanoprost, bimatoprost and BAK free latanoprost.
- 24. The method according to claim 15, wherein said medicament comprises a medicament selected from the group consisting of fluorosilicone acrylate, sodium carboxymethylcellulose, hydroxypropyl methylcellulose, tetrahydrozoline HCl, carboxymethylcellulose sodium, propylene glycol, hypromellose, zinc sulfate, dorzolamide HCl timolol maleate, azithromycin, brimonidine tartrate, nepafenac, brinzolamide, besifloxacin, dorzolamide HCl, prenisone acetate, loteprednol etabonate, tobramycin/dexamethasone, and cyclosporine.
- 25. The method according to claim 15, wherein said medicament is selected from the group consisting of travoprost, timolol ophthalmic, latanoprost, bimatoprost, dorzolamide HCl timolol maleate, brimonidine tartrate, brinzolamide, dorzolamide HCl, and BAK free latanoprost.
- **26**. A method of treating glaucoma in a subject in need 45 thereof comprising:
 - (a) generating an ejecting stream of droplets containing a medicament for treatment of glaucoma via a piezoelectric actuated ejection device, the ejection device comprising: a housing; a reservoir disposed within the housing for receiving a volume of ophthalmic fluid; an ejector mechanism comprising an ejector plate having a first surface coupled to a fluid delivery area of the reservoir, the ejector plate including a plurality of openings formed through its thickness; and a piezoelectric actuator coupled to a second surface of the ejector plate, the actuator being operable to oscillate the ejector plate at a frequency to thereby generate the ejected stream of droplets upon actuation;
 - wherein said droplets have an average droplet ejecting size of between about 20 microns to about 100 microns in diameter and an average initial droplet ejecting velocity of between about 1 m/s and 10 m/s; and
 - (b) delivering said ejected stream of droplets containing said medicament to an eye of said subject in need thereof, wherein between about 85% to about 100% of the ejected mass of said droplets are deposited on the eye.

- 27. The method according to claim 26, wherein said medicament is delivered in an aqueous droplet solution.
- 28. The method according to claim 27, wherein said medicament is delivered in an oil/water emulsion droplet.
- **29**. The method according to claim **28**, wherein said oil in said oil/water emulsion droplet is a glycerin, a castor oil, or a polysorbate 80 mixture.
- **30**. The method according to claim **26**, wherein said average droplets ejecting size is between about **30** microns to about **60** microns.
- 31. The method according to claim 26, wherein said average droplet initial ejecting velocity is between about 1 m/s to about 4 m/s.
- **32**. The method according to claim **26**, said medicament is selected from the group consisting of travoprost, timolol ophthalmic, latanoprost, bimatoprost, dorzolamide HCl timolol maleate, brimonidine tartrate, brinzolamide, dorzolamide HCl, and BAK free latanoprost.
- **33**. A method of providing a reduced dosage of a medicament to an eye of a subject in need thereof as an ejected stream of droplets, the method comprising:
 - (a) generating an ejected stream of droplets containing said medicament via a piezoelectric actuated ejection device, the ejection device comprising: a housing; a reservoir disposed within the housing for receiving a volume of ophthalmic fluid; an ejector mechanism comprising an ejector plate having a first surface coupled to a fluid delivery area of the reservoir, the ejector plate including

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a plurality of openings formed through its thickness; and a piezoelectric actuator coupled to a second surface of the ejector plate, the actuator being operable to oscillate the ejector plate at a frequency to thereby generate the ejected stream of droplets upon actuation;

- wherein said droplets have an average ejecting droplet size of between about 20 microns and about 100 microns in diameter and an average initial droplet ejecting velocity of between 1 m/s and 10 m/s; and
- (b) delivering said ejected stream of droplets containing said medicament to said eye of said subject in need thereof, wherein between about 85% to about 100% of the ejected mass of said droplets are deposited on the eye, and wherein said droplets provide a total volume of less than 30 μl to said eye.
- 34. The method of claim 1, wherein said medicament has a viscosity at 25° C. is about 0.3 centipoise (cP) to about 300 cP.
- **35**. The method of claim **34**, wherein said viscosity is about 0.3 cP to about 30 cP.
- **36**. The method of claim **1**, wherein said medicament is isotonic with human tears or eye tissue.
- 37. The method of claim 1, wherein said medicament has an osmolality ranging from about 100 milli-osmoles/kilogram (mmol/kg) to about 1000 mmol/kg.
- **38**. The method of claim **37**, wherein said medicament has an osmolality ranging from about 280 mmol/kg to about 320 mmol/kg.

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UNITED STATES PATENT AND TRADEMARK OFFICE **CERTIFICATE OF CORRECTION**

PATENT NO. : 9,087,145 B2 Page 1 of 1

APPLICATION NO. : 13/184446

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INVENTOR(S) : Ballou, Jr. et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

On Title page, column 1, item 75 under Inventors, line 4, delete "Tsontcho Inachulev," and insert -- Tsontcho Ianchulev, --, therefor.

Signed and Sealed this First Day of December, 2015

Michelle K. Lee

Michelle K. Lee

Director of the United States Patent and Trademark Office